

Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani

DATE: May 10, 2002

RE: Children's Benchmarking Project

The recently released report of the Children's Mental Health Benchmarking Project provides comparable measures of service system performance for 26 mental health authorities, including the State of Vermont. This project was conducted by Dougherty Management Associates and funded by the Annie E. Casey Foundation.

The Executive Summary of this report is attached.

The text (with tables and graphs) of the complete report is available online at
<http://www.doughertymanagement.com/Reports/Second%20Year%20Report.pdf>.

The technical appendices to the report are available online at
<http://www.doughertymanagement.com/Reports/Second%20Yr%20Rpt%20Appendices.pdf>.

We look forward to your comments and questions regarding differences between Vermont and other regions. We also look forward to your suggestions for future research in this area and will pass those suggestions along to the people at Dougherty Management Associates. As always, you can reach us at pip@ddmhs.state.vt.us or 802-241-2638.

**CHILDREN'S MENTAL HEALTH
BENCHMARKING PROJECT
SECOND YEAR REPORT

EXECUTIVE SUMMARY**

May 1, 2002

FUNDED BY:

**The Annie E. Casey Foundation,
The Center for Health Care Strategies, Inc., and
The Robert Wood Johnson Foundation**

PREPARED BY:



Dougherty Management Associates, Inc.

CHILDREN'S MENTAL HEALTH BENCHMARKING PROJECT SECOND YEAR REPORT

EXECUTIVE SUMMARY

The goal of the Children's Mental Health Benchmarking Project is to disseminate administrative data from states and counties in order to enable policy makers to compare their own jurisdictions to others with regard to certain key indicators. Although billions of dollars are spent every year on providing mental health services for children, very little is known about how various systems allocate their resources, how they use state and federal funds, or what difference any of these variations makes. Dougherty Management Associates, Inc., (DMA) received support for this project from the Annie E. Casey Foundation, the Center for Health Care Strategies and The Robert Wood Johnson Foundation.

In 2001 information was requested from all 50 state mental health authorities, most state Medicaid agencies, and selected counties on a set of core indicators in four categories: access, utilization, expenditures and intersystem involvement. Thirty-one states, four counties and the District of Columbia submitted extensive data. Sixteen of these 36 jurisdictions submitted both Medicaid and MHA data. Some indicators display much consistency but have a few extreme outliers. In most of these instances, participating sites offered explanations for their outlier status. On other indicators there is a great deal of variability among jurisdictions. Overall, as this report demonstrates, the quantity of data submitted in the project's second year allows the beginning of meaningful comparisons of sites, and a step toward the development of benchmarks.

Among the key findings of this study are the following:

- *Access: Children: served per 1,000 population*
 - For 26 mental health authorities, the rates of children served per 1,000 population range from 3.8 to 53.5, with a mean of 19.3.
 - Medicaid rates of children served per 1,000 population for 25 jurisdictions range from 6.1 to 41.8 with a mean of 21.2.
- *Utilization: Readmission to inpatient care*
 - Five mental health authorities provided data on readmissions to state hospitals within 30 and 90 days following discharge. The 30-day readmission rates range from 2.9 percent to 12.7 percent with a mean of 6.2 percent; the 90-day rates range from 6.3 percent to 21.5 percent with a mean of 10.6 percent.
 - Five Medicaid agencies submitted data on readmissions for psychiatric hospitalization. The 30-day readmission rates range from 4.2 percent to 10.6 percent with an average of 8.4 percent. The 90-day readmission rates range from 8.6 percent to 15.5 percent, and average 13.4 percent.
- *Expenditures:*
 - For the ten jurisdictions that provided both mental health authority and Medicaid expenditure data, the combined expenditures per child range from \$55 to \$276 with a mean of \$118.

- For 16 mental health authorities, the proportion of all expenditures that was devoted to inpatient care ranged from one percent to 62 percent, with a mean of 22.1 percent.
- For 21 Medicaid agencies, the proportion of expenditures devoted to inpatient care ranges from three percent to 58 percent, with a mean of 24 percent.
- *Intersystem involvement:*
 - Nine mental health authorities reported on the percentage of children who received mental health services and were in foster care or other out-of-home placements at some time during the year. Rates ranged from 4.1 percent to 16.7 percent, with a mean of 10.5 percent.

The project has begun to play a valuable role both in the work of state and county policymakers and on the national scene. At the state and local levels, program analysts and decision makers can compare themselves to others, thereby enhancing their understanding of their own systems and their ability to seek ways of making positive changes in them. At the national level, while several initiatives have encouraged states to gather and report on common data elements, none has yet published data specific to children's mental health services. Nor has any other project systematically included both MHA and Medicaid data. This project is therefore augmenting the efforts of a variety of stakeholders.

An important element of Year Two of this project was the first Children's Mental Health Benchmarking Institute, which took place in Santa Fe, New Mexico, in November 2001. Each jurisdiction that provided data in 2001 was invited to send a representative to the Institute; the project paid all expenses for each participant. Twenty-four individuals, representing 21 jurisdictions, accepted the invitation. The assembled group, which totaled 35, also included four invited experts in the field, a representative of the Federation of Families for Children's Mental Health, representatives of the Annie E. Casey Foundation and The Robert Wood Johnson Foundation and DMA staff. The Institute served several purposes: first, it enabled a sizable group of project participants to compare data, discuss the challenges involved in gathering the data, hear the comments of experts on the project and offer insights to DMA staff. It also served to motivate individuals and their jurisdictions to provide data. Finally, the Institute gave staff from mental health and Medicaid agencies across the country an opportunity to think about how they might use data to influence the development of policy.